

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

BIRTH _____

DEATH _____

NUMBER REQUESTED

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_____ CERTIFIED COPIES X \$24.00 = _____

_____ CERTIFIED COPY X \$21.00 = _____

**PAYMENT BY CASHIERS CHECK OR MONEY
ORDER ONLY. PERSONAL CHECKS WILL
NOT BE ACCEPTED.**

_____ COPIES OF SAME DEATH RECORD X \$4.00 = _____

TOTAL ENCLOSED = \$ _____

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PLEASE PRINT

1. FULL NAME OF
PERSON ON RECORD _____
First Name Middle Name Last Name

2. DATE OF
BIRTH OR DEATH _____ 3. SEX _____
Month Day Year

4. PLACE OF
BIRTH OR DEATH _____
City or Town County State

5. FULL NAME
OF FATHER _____
First Name Middle Name Last Name

6. FULL MAIDEN NAME
OF MOTHER _____
First Name Middle Name Last Name

7. APPLICANT'S NAME: _____

8. TELEPHONE : _____ (_____) _____
(MON-FRI 8:00-5:00)

9. MAILING ADDRESS: _____
Street Address City State Zip

10. RELATIONSHIP TO PERSON NAMED IN ITEM 1: _____

11. PURPOSE FOR OBTAINING RECORD: _____

12. ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE.
SOCIAL SECURITY NUMBER OF DECEASED _____

BIRTH DATE _____ BIRTH PLACE ETC. _____

**WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2-10
YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, SEC. 195.003)**

SIGNATURE OF APPLICANT DATE

IDENTIFICATION TYPE & NUMBER _____

ATTACH PHOTOCOPY Driver's License, I.D. Card, etc. On Driver's License, etc.

**For any search of the files where a record is not found the searching fee is non-refundable or transferable.
Birth records are confidential for 75 years and death records for 25 years; therefore, issuance is restricted.
Please attach a photocopy of ID to application.**

**Administrative rules require that on restricted records, all identifying information (items 1-6), relationship
(item 11) and purpose be provided in order to issue the record.**

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